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THE PHYSICIAN.

No. IV.

ON WOUNDS.

"It is to be observed, that ours is a profession which is disgraced with more ignorance and error, extravagance, fanaticism and nonsense, than is to be found in all the circle beyond it, whether of science or of common life."

MEN have, in every period, had a strong tendency to desert the simple paths of nature, and travel through ways of their own making, no matter how far these might lead from truth, or how deeply into the mists and midnight of error. We hence find that every science has continued long in a state of imbecility, obscured by erroneous theories, and disguised by fancy and conjecture. This has been more especially the case with medicine and surgery, of which we have a strong proof in the subject of the present paper.

When a carpenter misses his blow, and strikes the adze into his foot; or, when a soldier, during a skirmish, receives a sabre cut in the cheek or shoulder; or, in short, when the flesh is wounded by any sharp clean instrument—what do nature and common sense declare to be the most proper treatment? Surely, to bring the sides and lips of the wound together, and so keep them till they have adhered; that is, till the wound be healed. But this was too simple and natural a proceeding to please the practisers of the healing art; and until, I may almost say, within the last sixty years, no wound, treated *secundum artem*, was permitted to heal by this simple process. From an imaginary idea, that much danger would ensue from healing a wound before the formation of matter, the surgeon stuffed it with acrid balsams, or stimulating oils; and it was long prevented from healing, by retaining in its cavity metallic tubes, and tents of various kinds and consistence. This, it must be observed, was not done with an intention of keeping the patient in pain, nor of delaying the cure in order to enhance the practitioner's profits. Such practices have, at all times, been adopted by quacks, though very rarely by the well-educated surgeon; but it was the folly of the day—and any man unacquainted with, or neglectful in, the practice of these pernicious rules of art, would have been stigmatized as unskilful and ignorant of his profession. The consequences of such unnatural management were dreadful: the simplest wounds were forced into open sores; while those of a more complicated description, after having caused to the patient the most excruciating tortures, consigned him

to the coffin. In all this complication of pain and misery, surgeons never thought they could do enough to purge the wound of its *foul humours* (as they phrased it); not aware, that the irritation of their own foreign bodies in the wound was the only cause of the production of any humours at all.

These practices were in full force in the beginning of last century; and, in France particularly, were pushed to an extreme. Belloste, a surgeon of that country, was the first who attempted *there* to reform such abuses; and in his little work, entitled "*The Hospital Surgeon*," much good reasoning, and some curious cases relating to the subject, may be found.—Among the latter, is the following notice from Molfetta, copied from the *Memoirs of Literature*, printed at Genoa:—

A very particular affair has happened here, in which the art of surgery is highly concerned. M. Nicholas-Dominique Passari, a young gentleman of fortune, and the only son of a widow, having, on the 10th of February of the present year 1723, received a gunshot wound in his breast—the wound was dressed by the best surgeons of the province, with tents, which were thought necessary to promote the discharge of the pus; and every time they were taken out, a very large evacuation of it ensued. Thus was the patient dressed for about three months together; and was thereby reduced to so lamentable a condition, that he was, in truth, a very skeleton.

It was then thought proper to have the advice of *M. le Chevalier Jean-Baptiste Verna*, a very accomplished gentleman, and well known by his learned productions; who, having been informed of the pernicious method which had been made use of in dressing the patient, forthwith ordered the tents to be thrown away, notwithstanding the surgeons opposed it. He left the care of dressing him, which was to be done after his own manner, to one person only, having discharged the rest. This cruel method being discontinued, the fever ceased, and all the symptoms disappeared; and, in twenty days, he was perfectly cured.*

So wedded were men to this cruel and dangerous practice of tenting wounds, that any practitioner's reputation would have been injured or ruined, who should have ventured to doubt its utility. Hence arose the use of incantations, sympathetic powders, and other fanatical and superstitious tricks, in curing wounds; which, however, had this good effect—that, while the healing was supposed to be caused by these, the sides of the wound were allowed to remain in contact; and nature, undisturbed by officious interference, was permitted to accomplish her own work. There is no doubt that many surgeons at last saw the injurious results of using tents, sindons, setons, and canulas, indiscriminately in wounds, who were yet obliged to affect a belief in the above superstitious

* Belloste's *Hospital Surgeon*, p. 212.

practices, in order to let their patients be cured, and to save their own credit with the public. I shall not dwell on this subject farther than to state, that these foolish prejudices, and erroneous practices, gradually gave way to more rational and enlightened views; though so slow was this progress, that, until the year 1779, when Mr. Alanson, of Liverpool, published his observations on amputation, the flap and stump were dressed as two distinct sores, until suppuration took place in each.

If one were to consider what should be the softest, least irritating, and most grateful of all substances to apply to a raw wounded surface, it is not possible to imagine any thing equal, in these respects, to the opposite side of the wound itself. And what is the consequence of keeping the sides in apposition? A gelatinous liquid exudes from each; and into this the minute blood-vessels shoot, and inosculate with each other—so that a firm bond of union is established, and the wound heals up often so perfectly, that not a mark nor trace of its existence is left. This doctrine of *adhesion* (to speak technically) pervades all surgery, and forms the leading guide in all our reasonings respecting the ultimate success of operation, and the treatment of wounds, abscesses, fractures, &c. Flesh adheres to flesh, nerve to nerve, tendon to tendon, and bone to bone; and to procure this adhesion, in almost every sort of wound and in fracture, is the great object which the surgeon has to obtain. With possession of a knowledge of this simple principle, any one who had lived a century ago, though it were all the surgical skill in his possession, could have performed cures which would have astonished the world. Practice, founded on another principle, of which it is not my object at present to speak, has enabled some ignorant men* to perform, at the present day, cures which have spread their fame through every part of the British empire.

The mode, then, which nature and common sense point out, is the true one by which to accomplish the reunion of wounds; while the introduction of foreign substances, so far from being serviceable, retards their healing, and converts even the simplest wounds into open ulcers. We may now, also, appreciate the value of vulnerary herbs, which still retain much of their ancient credit among the vulgar. Such herbs are of no utility whatever in simple wounds, though they are perhaps too much neglected by the profession, in various other affections “which flesh is heir to.”

When a carpenter receives a cut from one of his tools, he very properly takes a thin shaving, daubs it with glue, and applies it over the cut, bringing the edges of the latter close

* The Whitworth Doctors.

together. He goes on in his work without interruption, and in a few days the wound is healed. Now, in every wound made with a sharp and clean instrument, we should imitate the method of the carpenter: we cannot, indeed, have a glue-pot always at hand; but, knowing the principle, we can use other means for closing the wound. For slight cuts, the court plaster will generally answer sufficiently well; but sometimes it causes inflammation, and festering of the part, from some irritating ingredient having been used in its composition. The common adhesive plaster, formed of diachylon, with a proportion of white resin, is the best, if recently spread; but the *patent* kind being too thick, and generally too long kept, is not good. In the country, when a wound occurs, and none of these applications are to be had, a good substitute may be found in dipping slips of linen rag in the white of an egg, applying them in the manner of adhesive plaster, and so retaining them till they become dry. In addition to the adhesive strap, the proper application of a bandage is of very material importance. This is a subject to which the medical student should early turn his attention; for, without a good knowledge of bandaging, and a facility in performing it, his treatment must, in a thousand instances, be slovenly and ineffective. At a first view, this process may seem so simple, unimportant, or undignified, as to be beneath the attention of a *clever fellow*. But I can tell such intuitive genius, that all the cleverness in the world, unaided by practising and studying the subject, will not enable a man to apply a roller properly. "Our young surgeons," says a modern practical writer, "may study, philosophise, and reason well; but neither books, reflections, nor arguments, will teach the application of a bandage, without repeated practice."* The medical student should, therefore, practise on himself, and his companions engaged in the same studies; the various modes of bandaging, especially that of applying the roller. This will enable him, when he enters on actual practice, to apply his bandage without awkwardness, and with proper effect, with ease to himself, and safety to his patient. The author just quoted, says—

The most judicious medical treatment, and the ablest surgical operation, will fail, if not assisted by good bandaging; and errors in both will soon be recovered, if a proper system is adopted. I have seen innumerable instances of most promising stumps degenerating in a few days, under an *inefficient dresser*; and I have even traced some deaths to such a cause; while rapid amendment, and the saving of a limb, often result from the due use of a proper system of dressing, and applying the roller. * * *

* Hennen's Military Surgery, p. 73.